

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION  
SELECTION SERVICES SECTION  
SUPPLEMENTAL APPLICATION EXAMINATION FOR CHIEF MEDICAL OFFICER, CF**

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**Read instructions carefully**

This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for Chief Medical Officer, Correctional Facility (CF) with the Department of Corrections and Rehabilitation (CDCR). The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. Your name will be merged onto a list based on your final score, and that list will be used by CDCR facilities statewide to fill their existing positions. A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location(s) and time bases in which you are interested in working.

This supplemental application will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may delay the processing of your examination.

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Candidate's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Residency Training:

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Post Graduate Year 1

Post Graduate Year 2

Post Graduate Year 3

Medical License: \_\_\_\_\_

Number

Expiration date

State

Specialty Board Certification: \_\_\_\_\_

Number

Specialty

Expiration Date

Board Re-certification date: \_\_\_\_\_

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Signature

Date

I certify that all the statements I have made in this application are true and correct.

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***MAILING INSTRUCTIONS:***

Mail your completed Supplemental Application, along with a standard State Application Form, STD. 678 (you may download a copy of the STD. 678 from the State Personnel Board's website at [www.spb.ca.gov](http://www.spb.ca.gov)) to the address listed below:

**MAIL COMPLETED  
STD. 678 AND  
SUPPLEMENTAL  
APPLICATION TO:**

California Department of Corrections and Rehabilitation  
Selection Services Section  
P. O. Box 942883  
Sacramento, CA 94283-0001

**CHIEF MEDICAL OFFICER, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**MINIMUM QUALIFICATIONS**

All candidates must meet the minimum qualifications before they will be admitted into this examination. Please ensure that your state application (std. form 678) clearly indicates your education, experience, and licensure information that meet the minimum qualifications for this exam.

Possession of the legal requirements for the practice of medicine in California as determined by the Medical Board of California or the Osteopathic Medical Board of California. (Applicants who are in the process of securing approval of their qualifications by the Medical Board of California or the Osteopathic Medical Board of California will be admitted to the examination, but the Board to which application is made must determine that all legal requirements have been met before candidates will be eligible for appointment.) **And**

**Either I**

Two years of experience performing the duties of a Physician and Surgeon or Staff Psychiatrist in a California state correctional facility.

**Or II**

Four years of experience in the practice of medicine, including one year's practice in a hospital or correctional institution.

**JOB REQUIREMENTS**

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

- |  |  |
|--|--|
| 1. Are you willing to work in a State correctional facility?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are you willing to provide medical care to inmates?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you willing to comply with the Department's safety and security procedures?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you willing to participate in departmental legal activities (e.g., serve as an expert witness, material witness, defendant)?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are you willing to work Physician-on-Call or Medical Officer-of-the-Day assignments (e.g. evenings, nights), which may extend beyond regular working hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are you willing to work various schedules (e.g., day shift, swing shift, night shift)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are you willing to actively participate in the peer review and clinical quality review process?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are you willing to comply with tuberculosis screening requirements?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**LICENSE REQUIREMENTS**

Please answer the questions below regarding the status of your medical license.

- |   |  |
|---|--|
| 9. Is your license to practice medicine currently restricted?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Have you been convicted of any felony crime related to the practice of medicine that has restricted your ability to practice or your scope of practice? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Are there currently any pending disciplinary charges against you?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Have there been any disciplinary actions completed against you that have restricted your ability to practice medicine?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Have there been any settlements, malpractice judgments, or arbitration awards rendered against you?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Have any disciplinary actions been taken against you by another state or jurisdiction?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Have you been convicted of any misdemeanor related to the practice of medicine that has restricted your ability to practice or your scope of practice?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Is your license to practice medicine currently subject to probationary conditions?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Have your clinical privileges at any hospital or health care institution ever been revoked?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Has your medical staff membership or medical staff status at any hospital ever been revoked?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**CHIEF MEDICAL OFFICER, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**DEGREES/CERTIFICATIONS**

Please indicate if you have completed any of the following degrees or certifications.

- ☐ 19. Master's degree/PhD. in a health-care related field
- ☐ 20. Board certified in either family practice or internal medicine.
- ☐ 21. Board certified in pediatrics or adolescent medicine
- ☐ 22. Certified Correctional Health Professional (CCHP)

**WORK EXPERIENCE**

Under "Work Experience," for items #23 - 50, please indicate

**Frequency:**

1. If you have performed this task **within the last 12 months**

2. How often you perform this task

(Please select one box from "weekly" "monthly" and "annually" column)

**Level of Skill:**

1. The level of skill that you have in performing this task

(Please select one box from the "level of skill" column)

23. Interview patients to establish symptoms and medical history.

24. Physically examine patients to determine symptoms, evaluate health status, and determine diagnoses.

25. Write progress notes, patient histories, correspondence, etc.

26. Interpret medical charts, lab reports and other documents to determine next step in patient's treatment.

27. Order appropriate lab studies, X-rays/imaging scans and other diagnostic tests to determine patient's condition or illness.

28. Diagnose patients' diseases or conditions to determine treatment methods, needed referrals, etc.

29. Order medical interventions (e.g. medication, special diets, physical therapy, etc.) appropriate to treat patients' conditions.

30. Make rounds to facilitate continuity of care and management of patients' conditions.

31. Schedule follow-up appointments with chronically ill patients to facilitate continuity of care and management of patients' conditions.

32. Administer treatments (e.g., medications, dressing, injections).

33. Perform procedures (e.g., suturing, incision and drainage, endo tracheal intubation, and/or excision, etc.).

Frequency					Level of skill		
Performed task within last 12 months							
		Weekly			Have not performed this task	Performed task during training ONLY	Performed task as a regular work duty AFTER licensure
		Monthly					
		Annually					

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**CHIEF MEDICAL OFFICER, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

	FREQUENCY				LEVEL OF SKILL		
34. Educate patients about their diagnosis, treatment, condition and prognosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Plan, organize and direct a complex health services operation including medical, dental, and/or psychiatric programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Serve as consultant to health care staff on unusual or difficult medical problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Arrange for consultation on difficult cases with medical authorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Review clinical investigation protocols and/or internal research.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Evaluate and approve medical, dental and/or psychiatric treatment provided to patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Supervise professional, technical and other employees in the care of patients by planning, assigning work, monitoring assignments and writing evaluations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Clinically supervise Registered Nurses, Physician Assistants, Interns/Residents and/or Nurse Practitioners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Develop and implement programs to train students, interns or residents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Develop, implement, and review policies and procedures to ensure proper standardization of medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Make managerial decisions regarding policy, patient treatment, facility, equipment, personnel and budgeting needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Establish and maintain effective working relationships with administrators, and other professionals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Review and/or prepare various health care reports as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Conduct and/or facilitate staff conferences, meetings, and In Service Training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Prepare written documents (e.g., correspondence, appeals, policies, procedures, reports, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Conduct interviews, evaluate and make recommendations on the hiring process of candidates for professional, technical and other health care related positions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Respond to inquiries from governmental agencies, legislature, citizens, patient family members, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CHIEF MEDICAL OFFICER, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**MANAGERIAL EXPERIENCE**

Please check the box(es) that indicate which of the following classifications you have directly supervised after receiving your license.

- ☐ 51. Physicians
- ☐ 52. Registered Nurses
- ☐ 53. Therapists (recreational, occupational, physical, etc.)
- ☐ 54. Dental staff
- ☐ 55. Physician Assistants
- ☐ 56. Residents/Interns
- ☐ 57. Nurse Practitioners
- ☐ 58. Mental Health staff

**CHIEF MEDICAL OFFICER, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**AUTHORIZATION TO WORK IN THE UNITED STATES OF AMERICA**

**This question is not part of the examination but is for the hiring authority's information.** If you answer 'yes' to question 2, please provide your Visa information below.

1. Are you a citizen or permanent resident of the United States of America?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If not, are you in possession of a Visa that permits you to work in the United States of America?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Visa type \_\_\_\_\_

Visa expiration date \_\_\_\_\_

**CHIEF MEDICAL OFFICER, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**CONDITIONS OF EMPLOYMENT - CDCR ADULT & YOUTH FACILITY LISTING ONLY**

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.  
If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers and/or do not reply promptly to the contact, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, once your name is placed inactive, it cannot be reactivated.** Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

**TYPE OF APPOINTMENT YOU WILL ACCEPT**

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

☐ (D) Permanent Full-Time      ☐ (R) Permanent Part-Time      ☐ (K) Limited-Term Full-Time      ☐ (A) Any

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

☐ **5 ANYWHERE IN THE STATE** - If this box is marked, no further selection is necessary.

**NOTE:** California State Prison has been abbreviated to "CSP." Youth Correctional Facility has been abbreviated to "YCF."

☐ **7231 NORTHERN REGION**

**ADULT FACILITIES:**

- |  |  |
|--|--|
| <input type="checkbox"/> 0309 <b>Mule Creek State Prison</b><br>Ione, Amador County              | <input type="checkbox"/> 3417 <b>Richard A. McGee Correctional Training Center</b> , Galt, Sacramento County |
| <input type="checkbox"/> 0802 <b>Pelican Bay State Prison</b><br>Crescent City, Del Norte County | <input type="checkbox"/> 3901 <b>Deuel Vocational Institution</b><br>Tracy, San Joaquin County               |
| <input type="checkbox"/> 1802 <b>California Correctional Center</b><br>Susanville, Lassen County | <input type="checkbox"/> 5505 <b>Sierra Conservation Center</b><br>Jamestown, Tuolumne County                |
| <input type="checkbox"/> 1805 <b>High Desert State Prison</b><br>Susanville, Lassen County       | <input type="checkbox"/> 3423 <b>CSP, Sacramento</b><br>Represa, Sacramento County                           |
| <input type="checkbox"/> 3400 <b>Headquarters</b><br>Sacramento, Sacramento County               | <input type="checkbox"/> 3404 <b>Folsom State Prison</b><br>Represa, Sacramento County                       |

**YOUTH FACILITIES:**

- |   |
|---|
| <input type="checkbox"/> 3902 <b>DeWitt Nelson YCF</b><br>Stockton, San Joaquin County                        |
| <input type="checkbox"/> 3908 <b>O.H. Close YCF</b><br>Stockton, San Joaquin County                           |
| <input type="checkbox"/> 3917 <b>N.A. Chaderjian YCF</b><br>Stockton, San Joaquin County                      |
| <input type="checkbox"/> 3907 <b>Northern California YCF</b><br>Stockton, San Joaquin County                  |
| <input type="checkbox"/> 0311 <b>Pine Grove Youth Conservation Camp Facility</b><br>Pine Grove, Amador County |
| <input type="checkbox"/> 0307 <b>Preston YCF</b><br>Ione, Amador County                                       |

☐ **7232 CENTRAL REGION**

**ADULT FACILITIES:**

- |  |   |
|--|---|
| <input type="checkbox"/> 2102 <b>CSP, San Quentin</b><br>San Quentin, Marin County           | <input type="checkbox"/> 2003 <b>Central California Women's Facility</b><br>Chowchilla, Madera County       |
| <input type="checkbox"/> 4804 <b>California Medical Facility</b><br>Vacaville, Solano County | <input type="checkbox"/> 2004 <b>Valley State Prison for Women</b><br>Chowchilla, Madera County             |
| <input type="checkbox"/> 4811 <b>CSP, Solano</b><br>Vacaville, Solano County                 | <input type="checkbox"/> 2701 <b>Correctional Training Facility</b><br>Soledad, Monterey County             |
| <input type="checkbox"/> 1015 <b>Pleasant Valley State Prison</b><br>Coalinga, Fresno County | <input type="checkbox"/> 2708 <b>Salinas Valley State Prison</b><br>Soledad, Monterey County                |
| <input type="checkbox"/> 1605 <b>Avenal State Prison</b><br>Avenal, Kings County             | <input type="checkbox"/> 4005 <b>California Men's Colony</b><br>San Luis Obispo, San Luis Obispo County     |
| <input type="checkbox"/> 1606 <b>CSP, Corcoran</b><br>Corcoran, Kings County                 | <input type="checkbox"/> 1608 <b>California Substance Abuse Treatment Facility</b> , Corcoran, Kings County |

**YOUTH FACILITIES:**

- |  |
|--|
| <input type="checkbox"/> 4003 <b>El Paso de Robles YCF</b><br>Paso Robles,<br>San Luis Obispo County |
|--|

☐ **7233 SOUTHERN REGION**

**ADULT FACILITIES:**

- |   |  |
|---|--|
| <input type="checkbox"/> 1503 <b>California Correctional Institution</b><br>Tehachapi, Kern County  | <input type="checkbox"/> 3313 <b>Chuckawalla Valley State Prison</b><br>Blythe, Riverside County                           |
| <input type="checkbox"/> 1513 <b>Wasco State Prison – Reception Center</b> , Wasco, Kern County     | <input type="checkbox"/> 3329 <b>Ironwood State Prison</b><br>Blythe, Riverside County                                     |
| <input type="checkbox"/> 1514 <b>North Kern State Prison</b><br>Delano, Kern County                 | <input type="checkbox"/> 3612 <b>California Institution for Men</b><br>Chino, San Bernardino County                        |
| <input type="checkbox"/> 1522 <b>Kern Valley State Prison</b><br>Delano, Kern County                | <input type="checkbox"/> 3613 <b>California Institution for Women</b><br>Corona, San Bernardino County                     |
| <input type="checkbox"/> 1307 <b>Calipatria State Prison</b><br>Calipatria, Imperial County (North) | <input type="checkbox"/> 3715 <b>R. J. Donovan Correctional Facility at Rock Mountain</b> , San Diego,<br>San Diego County |
| <input type="checkbox"/> 1308 <b>Centinela State Prison</b><br>Imperial, Imperial County (South)    | <input type="checkbox"/> 3310 <b>California Rehabilitation Center</b><br>Norco, Riverside County                           |
| <input type="checkbox"/> 1995 <b>CSP, Los Angeles</b><br>Lancaster, Los Angeles County              |  |

**YOUTH FACILITIES:**

- |   |
|---|
| <input type="checkbox"/> 3628 <b>Heman G. Stark YCF</b><br>Chino,<br>San Bernardino County                                    |
| <input type="checkbox"/> 1967 <b>Southern Youth Correctional Reception Center &amp; Clinic</b><br>Norwalk, Los Angeles County |
| <input type="checkbox"/> 5610 <b>Ventura YCF</b><br>Camarillo, Ventura County   |

Please notify CDCR promptly of any address changes or availability for employment at the following address:  
CDCR, Human Resources, Office of Personnel Services, P.O. Box 942883, Sacramento, CA 94283-0001, Attn: Customer Service Center.

**CHIEF MEDICAL OFFICER, CORRECTIONAL FACILITY  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**RECRUITMENT QUESTIONNAIRE**

**These questions are not part of the examination but are for the hiring authority's information.**

***HOW DID YOU HEAR ABOUT THE CHIEF MEDIAL OFFICER, CF EXAMINATION?***

Check the box that best describes how you found out about the Chief Medial Officer, CF examination.

- ☐ Professional Journal
- ☐ Professional Colleague
- ☐ Newspaper/Magazine Advertisement
- ☐ Internet
- ☐ California Department of Corrections and Rehabilitation employee
- ☐ Job Fair/Career Fair
- ☐ Recruitment Mailing
- ☐ College/School
- ☐ Other